Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Beyond the Wound: Examining Self-Compassion as an Indirect Pathway Between Childhood Emotional Maltreatment and Adult Subjective Well-Being

Anat Vass

anatvas@bgu.ac.il

Ben-Gurion University of the Negev

Iris Lavi

University of Bath

Dana Lassri

Hebrew University of Jerusalem

Research Article

Keywords: Childhood emotional maltreatment, self-compassion, reselience, subjective wellbeing, psychological adjustment

Posted Date: June 23rd, 2026

DOI: https://doi.org/10.21203/rs.3.rs-9806705/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Abstract

Childhood represents a critical developmental period during which early experiences shape psychological trajectories across the lifespan. Childhood emotional maltreatment (CEM) is among the most prevalent forms of early adversity, consistently associated with compromised psychological functioning and reduced subjective wellbeing in adulthood. Yet, despite these well-established negative consequences, a growing body of research points to psychological resilience factors that may account for the pathways linking early maltreatment to adult outcomes. Self-compassion, a core component of mindfulness, has emerged as one such resilience factor. Survivors of CEM often struggle with developing self-compassionate attitudes due to early relational trauma that disrupts healthy self-regard patterns, yet the specific role of self-compassion in explaining these associations remains incompletely understood.

Objective: The present study examined these variables together in an exploratory model, hypothesizing that CEM would be associated with lower self-compassion, which in turn would be associated with reduced subjective wellbeing in adulthood.

Method: This study included 693 adults who completed validated self-report measures of CEM, self-compassion, and subjective wellbeing. Path analysis was conducted to examine the indirect effect of CEM on subjective wellbeing through self-compassion, controlling for Iron Swords war-related stress, age, and gender.

Results: The proposed model explained 56% of the variance in subjective wellbeing. Higher levels of CEM were negatively associated with both self-compassion ($\beta = -.59$, $p < .001$) and subjective wellbeing. CEM demonstrated a significant indirect effect on subjective wellbeing through self-compassion ($b = -0.34$, 95% CI [-0.39, -0.29]), accounting for approximately 49% of the total association. This indirect pathway remained robust when controlling for all covariates.

Conclusions: These findings underscore the central role of self-compassion as a psychological resource linking CEM to adult subjective wellbeing. Self-compassion represents a promising and modifiable target for mindfulness-based clinical interventions among CEM survivors, highlighting the value of strength-based approaches in supporting long-term psychological recovery and potentially interrupting negative developmental cascades following early emotional trauma**.**

Introduction

Childhood represents a critical developmental period during which early experiences shape psychological trajectories across the lifespan. Traumatic childhood experiences, such as emotional maltreatment, constitute significant developmental turning points with far-reaching consequences that extend well into adulthood. Childhood emotional maltreatment (CEM) is among the most prevalent forms of early adversity, with research consistently documenting its significant associations with compromised psychological functioning and reduced subjective wellbeing in adulthood. Yet, despite the

well-established negative consequences of CEM, a growing body of research points to psychological resilience factors that may account for the pathways linking early maltreatment to adult outcomes. Self-compassion, a core component of mindfulness, has emerged as one such resilience factor. Survivors of CEM often struggle with developing self-compassionate attitudes due to early relational trauma that disrupts healthy self-regard patterns, yet the specific role of self-compassion in explaining these associations remains incompletely understood.

Psychological maltreatment represents one of the most prevalent yet underrecognized forms of childhood adversity, with its pervasive impact extending across the lifespan and into intimate relationships in adulthood (Babcock et al., 2008). The complexity of this phenomenon is further compounded by the fact that many survivors face additional stressors, including economic instability and social isolation, which serve to exacerbate its already significant psychological toll (Currie & Spatz Widom, 2010).

The consequences of CEM for adult mental health are both wide-ranging and severe. Research consistently documents significant long-term psychological outcomes among individuals who experienced emotional abuse and neglect in childhood, including elevated rates of anxiety, depression, and post-traumatic stress disorder (Arslan et al., 2024; Xiao et al., 2021). Notably, evidence suggests that psychological maltreatment may function as a stronger predictor of psychological distress than physical abuse, particularly among older adults (Babcock et al., 2008). At the interpersonal level, survivors frequently exhibit maladaptive patterns including diminished self-esteem and persistent difficulties in relational functioning that extend well into adulthood (Madu, 2001). These effects are further complicated by impairments in mindful awareness and self-transcendence, capacities considered central to psychological wellbeing (Arslan et al., 2024). The reach of psychological maltreatment extends beyond the individual, with documented intergenerational effects on parenting practices and emotional regulation in subsequent generations (Aviles et al., 2022). Collectively, these findings underscore the need for a nuanced understanding of the mechanisms through which psychological maltreatment exerts its effects, as well as the development of targeted therapeutic strategies to address the unique challenges faced by survivors (Davis et al., 2018). Crucially, while psychological maltreatment can profoundly erode self-esteem and the capacity for trust (Glaser, 2002), resilience emerges as a critical counterforce, enabling individuals to draw upon inner strengths and support systems to foster recovery and growth in the aftermath of early adversity (Ime, 2024).

Despite the well-documented negative consequences of CEM, not all individuals who experience early adversity demonstrate equivalent levels of psychological distress in adulthood. A growing body of research has directed attention toward resilience factors, psychological resources that may buffer the impact of early maltreatment and support adaptive functioning across the lifespan. Resilience factors encompass both internal psychological capacities and external support systems that enable individuals to maintain or regain mental health despite experiencing significant stress or trauma, often facilitating positive outcomes such as personal growth and enhanced coping strategies (Masten & Obradovic, 2006; Jackson et al., 2007). Critically, resilience factors are not fixed or static but rather dynamic and malleable

processes that can be cultivated through targeted interventions over time (Rutter, 2012). Research further highlights the reciprocal relationship between resilience factors and positive emotions, whereby positive affect strengthens resilience, which in turn fosters greater emotional wellbeing (Gloria & Steinhardt, 2016). Among the psychological resources associated with resilience, self-compassion has emerged as particularly significant. Self-compassion, characterized by extending kindness and understanding toward oneself during periods of suffering or failure, functions as a protective factor against adverse emotional states including anxiety and depression (Murris et al., 2016). Individuals with higher levels of self-compassion are more likely to employ adaptive emotion regulation strategies, replacing maladaptive patterns such as rumination and self-judgment with mindful self-awareness and self-kindness (Al-Refae et al., 2021; Neff, 2011). These capacities are especially relevant in high-stress environments, where self-compassion has been linked to improved emotional regulation and reduced mental health difficulties (Lancaster et al., 2023; Ruiz-Fernandez et al., 2021). The association between self-compassion and resilience is bidirectional and mutually reinforcing. Self-compassion has been shown to account for the association between resilience and mental health outcomes, suggesting that fostering self-compassionate attitudes may strengthen coping capacities and emotional fortitude in the face of challenges (Rehman et al., 2024; Bag et al., 2022). This positions self-compassion as a modifiable psychological resource with significant potential for intervention.

Psychological maltreatment in childhood and young adulthood frequently gives rise to enduring consequences including low self-esteem, anxiety, depression, and difficulties in establishing healthy interpersonal relationships (Badr et al., 2018). These outcomes suggest that early maltreatment may fundamentally undermine the development of self-compassionate attitudes, precisely the psychological resource that research identifies as central to resilience and wellbeing. Understanding the role of self-compassion in accounting for the association between childhood emotional maltreatment and adult subjective wellbeing therefore represents a theoretically grounded and clinically meaningful avenue of inquiry.

The stress process model provides a valuable framework for understanding how CEM may impact adult subjective wellbeing through the erosion of self-related personal resources (Metzler et al., 2017). This model emphasizes that self-related resources, including self-concepts and self-regulatory capacities, can serve as protective barriers against the effects of stressors, while their impairment may perpetuate negative outcomes across the lifespan (Cohen et al., 2017; Dunn et al., 2018). Research has demonstrated that adverse childhood experiences exert indirect effects on long-term psychological consequences through damage to self-concepts such as self-esteem and self-efficacy (Bennett et al., 2010; Shahar et al., 2014). In the context of emotional maltreatment, victimized children may internalize negative caregiver behaviors and messages, adopting maladaptive self-treatment patterns characterized by self-judgment and shame rather than self-compassion (Lassri & Gewirtz-Meydan, 2022; Messman-Moore & Bhuptani, 2020; Shahar et al., 2014). These compromised self-related resources function as proliferated secondary stressors that extend from childhood into adulthood, continuing to adversely impact psychological adjustment and subjective wellbeing (Cohen et al., 2017; Marsh et al., 2018). Self-compassion may therefore represent an important psychological resource associated with the link

between CEM and adult wellbeing outcomes, warranting further examination of its explanatory role in accounting for this association.

The Current Study

Childhood emotional maltreatment has been consistently linked to compromised adult psychological functioning and reduced subjective wellbeing, yet the psychological resources that may account for this association remain insufficiently understood. Among the factors that could potentially explain the relationship between CEM and adult wellbeing, self-compassion represents a particularly promising candidate. Self-compassion directly addresses the self-critical and shame-based patterns typically established through emotional maltreatment experiences (Lassri & Gewirtz-Meydan, 2022; Pohl et al., 2020), and has been shown to promote emotional wellbeing and psychological resilience across diverse populations. Understanding how self-compassion is associated with the relationship between CEM and adult subjective wellbeing is therefore crucial for developing more effective, strength-based interventions for survivors of early emotional trauma.

Despite growing interest in both CEM and self-compassion, significant gaps remain in the empirical literature. Most existing research has focused on direct correlational associations rather than examining the explanatory role of specific psychological resources, leaving the indirect effect of self-compassion largely unexplored (Corcoran & McNulty, 2018). Furthermore, while attachment theory and the stress process model provide compelling theoretical frameworks suggesting that self-compassion may serve as an important psychological resource linking CEM to adult functioning (Gilbert & Procter, 2006), few studies have empirically examined this using large, diverse community samples. Much of the existing research has relied on relatively small or homogeneous samples, limiting the generalizability of findings across different populations. The practical applications of self-compassion research for prevention and intervention programs targeting trauma survivors also remain underdeveloped, particularly regarding how to effectively cultivate self-compassion in clinical settings (Ferrari et al., 2019; McLean et al., 2022; Sajjadi et al., 2022).

The current study addresses these gaps by examining the indirect effect of CEM on adult subjective wellbeing through self-compassion, using a large non-clinical community sample of 693 participants. The findings may have significant implications for psychological practice, informing the development of therapeutic interventions that focus on enhancing self-compassion among individuals with histories of childhood emotional maltreatment. Furthermore, by exploring self-compassion as a resilience factor in the context of CEM, this study may help identify modifiable targets for early intervention strategies aimed at supporting long-term psychological adjustment. Ultimately, this research contributes to a more nuanced understanding of how individuals can overcome the lasting effects of early emotional trauma, offering new pathways for supporting mental health and wellbeing.

Based on this theoretical foundation and empirical evidence, the following hypotheses were tested:

Hypothesis 1: CEM will be negatively associated with adult subjective wellbeing.

Hypothesis 2: CEM will be negatively associated with self-compassion.

Hypothesis 3: Self-compassion will be positively associated with subjective wellbeing.

Hypothesis 4: Self-compassion will account for a significant portion of the association between CEM and adult subjective wellbeing, such that higher levels of CEM will be associated with lower self-compassion, which in turn will be associated with lower subjective wellbeing.

Methods

Sample demographics

The analytical sample included 716 participants. Participant ages averaged 26.7 years, with female participants comprising the majority (84.2%), male participants representing 15.1%, 0.7% identifying with alternative gender categories, and 1.3% declining to specify gender. Age demographics indicated that roughly half (50.9%) were aged 25 or younger, with the highest concentrations at 24 years (11.8%), 22 years (10.0%), and 25 years (9.8%). Regarding relationship status, the majority (52.9%) reported being married, with 26.4% single, 13.9% in romantic partnerships, 5.7% divorced, 0.6% separated, 0.1% widowed, and 0.3% selecting alternative categories. Parental status showed 43.7% had children while 56.3% did not. Among those with children, distributions were: 25.6% with one child, 23.1% with two, 18.6% with three, 11.5% with four, 8.0% with five, and 13.1% with six or more children. Educational attainment included 39.1% with bachelor's degrees, 9.6% with master's degrees, and 0.9% with doctoral degrees, while 19.4% held professional certificates, 26.4% completed secondary education, and 4.5% had sub-secondary education. Religious demographics were primarily Jewish (87.1%), with minorities identifying as Muslim (8.8%), Christian (2.4%), Druze (1.3%), and other faiths (0.3%). Religiosity levels ranged from very religious/orthodox (32.4%) and religious (29.9%) to traditional (16.0%) and secular (18.8%), with 2.3% selecting other categories. Health self-assessments were predominantly positive: excellent (40.2%) and good (47.7%), with remaining participants reporting average (8.8%), poor (2.5%), or very poor (0.7%) health. Income levels were primarily below average, with 55.2% reporting substantially below average earnings and 19.6% slightly below average, while 14.8% reported average income, 7.5% slightly above average, and 2.8% substantially above average.

Procedure

Data collection was conducted through an online survey administered between April and June 2024 using snowball sampling techniques. Eligibility for participation required individuals to be at least 18 years of age. Prospective participants accessed an anonymous survey via a Google Forms link. Upon accessing the link, respondents were initially presented with a detailed information sheet explaining the study's objectives and methodology, after which they encountered an informed consent document. The complete self-report assessment took approximately 15 minutes to finish. Stringent ethical guidelines were implemented throughout data collection to maintain participant welfare and data security. Anonymous response collection was employed, with all data stored according to established data

protection standards. Following survey completion, participants received researcher contact information along with detailed mental health support resources, encompassing both online platforms and crisis helplines, to address any potential psychological distress arising from survey participation. Institutional Review Board approval from [Masked Institution's] was secured before commencing data collection procedures. Informed consent was required from all study participants, with participation remaining completely voluntary and including the option to discontinue involvement at any point without consequences.

Measures

*Childhood Emotional Maltreatment.*The Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein et al., 2003) was employed to evaluate childhood maltreatment experiences. This 28-item retrospective self-report instrument measures five categories of childhood maltreatment: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Respondents rate items using a 5-point Likert format from 1 (never true) to 5 (very often true), where elevated scores reflect more severe maltreatment experiences. Representative items include "People in my family called me things like 'stupid,' 'lazy,' or 'ugly'" (emotional abuse) and "I felt loved" (emotional neglect, reverse-scored). For the purpose of this study, an emotional maltreatment composite score (EMO malt) was calculated by combining scores from the emotional abuse and emotional neglect subscales, consistent with previous research examining the specific effects of emotional maltreatment (e.g., Lassri & Shahar, 2012; Norman et al., 2012). This approach recognizes that emotional abuse and emotional neglect represent two complementary dimensions of emotional maltreatment, the presence of harmful emotional behaviors and the absence of necessary emotional support, respectively. The CTQ-SF exhibits robust psychometric characteristics, including satisfactory internal consistency (α = .80 to .94 across subscales), temporal stability, and established convergent and discriminant validity through comparisons with clinical interviews and professional assessments (Bernstein et al., 2003). For the present study, the emotional maltreatment composite score demonstrated excellent internal consistency reliability (α = .89).

Self-Compassion. Self-compassion was assessed using the Self-Compassion Scale (SCS; Neff, 2003a), a 26-item self-report measure that evaluates three core components of self-compassion. These components include self-kindness (treating oneself with care during difficult times), common humanity (recognizing that suffering and failure are part of the shared human experience), and mindfulness (maintaining awareness of present-moment experiences without over-identification). Participants rate items on a 5-point Likert scale ranging from 1 (*almost never*) to 5 (*almost always*), with higher total scores reflecting greater levels of self-compassion. Representative items include "I try to be loving toward myself when I'm feeling emotional pain" (self-kindness) and "When I fail at something important to me, I try to keep things in perspective" (mindfulness).

The SCS demonstrates robust psychometric properties, with established internal consistency reliability (α = .92) and test-retest reliability (r = .93 over three weeks; Neff, 2003a). The scale exhibits strong construct validity through meaningful associations with psychological wellbeing, emotional intelligence,

and adaptive coping strategies (Neff et al., 2007). In the current study, the SCS demonstrated excellent internal consistency reliability (α = .93).

Subjective Wellbeing. Subjective wellbeing was measured using the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS; Stewart-Brown et al., 2009), a 7-item instrument designed to assess positive mental health and psychological wellbeing. The scale encompasses dimensions of positive affect, life satisfaction, and optimal psychological functioning. Items are rated on a 5-point Likert scale from 1 (*none of the time*) to 5 (*all of the time*), with higher total scores indicating greater subjective wellbeing. Sample items include "I've been feeling optimistic about the future" and "I've been feeling close to other people." The SWEMWBS possesses satisfactory psychometric properties, including good internal consistency reliability (α = .84) and demonstrates strong correlation with the full 14-item version (r = .95; Stewart-Brown et al., 2009). The instrument shows good construct validity through meaningful associations with other wellbeing and mental health measures (Ng Fat et al., 2017), supporting its utility as a brief, reliable assessment of positive mental health across diverse populations. In the present study, the SWEMWBS exhibited good internal consistency reliability (α = .87).

Data analysis

Statistical analyses were performed using SPSS version 28.0. Initial data screening procedures examined missing values, outliers, and assumptions for statistical testing. Following data cleaning, the final analytical sample comprised 693 participants (reduced to 683 in the full model with all covariates) after excluding cases due to incomplete data. Preliminary statistical checks included assessment of distributional normality via skewness and kurtosis indices, along with multivariate outlier detection using Mahalanobis distance procedures. All study variables demonstrated normal distributions with satisfactory skewness and kurtosis parameters, and no multivariate outliers were detected. Descriptive analyses and zero-order correlations between study variables were computed.

To test the hypothesized mediating role of self-compassion in the relationship between CEM and adult subjective well-being, mediation analysis was performed using Hayes' (2022) PROCESS macro for SPSS (Model 4) with 5,000 bootstrap resamples. PROCESS employs ordinary least squares regression-based analytical procedures that enable robust hypothesis testing while offering comprehensive statistics and protection against non-normal sampling distributions. This regression-based methodology demonstrates high statistical power for examining mediation effects, with a minimum sample requirement substantially lower than our achieved sample size. The mediation analysis examined both direct and indirect effects of CEM on subjective wellbeing through self-compassion. Following Hayes' (2022) guidelines, we utilized 5,000 bootstrap resamples to generate 95% bias-corrected confidence intervals (CI) for the indirect effect. The bootstrap procedure produces estimates of the indirect effect along with corresponding 95% CIs, which provide a more robust test of mediation than traditional approaches. Statistical significance of the mediation effect is indicated when zero falls outside the 95% CI range for the indirect effect, allowing rejection of the null hypothesis at $p < 0.05$ (two-tailed). Additional sensetivity

tests were conducted controlling for potential covariates including the Barzel scale, age, and gender to ensure the robustness of findings. All reported confidence intervals employed the 95% confidence level.

Results

Descriptive statistics and correlations

Table 1 presents the means, standard deviations, and intercorrelations among all study variables. The sample demonstrated moderate levels of emotional maltreatment (M = 10.24, SD = 5.25), with subjective wellbeing scores falling within the normal range (M = 25.88, SD = 5.81). Self-compassion levels were moderate (M = 3.21, SD = 0.80 on a 5-point scale). War-related stress (BARZEL) showed moderate levels (M = 2.93, SD = 1.18). All primary study variables were significantly intercorrelated in the expected directions. Emotional maltreatment showed strong negative correlations with both subjective wellbeing (r = − .61, p < .001) and self-compassion (r = − .59, p < .001). Self-compassion was strongly positively correlated with subjective wellbeing (r = .69, p < .001). War-related stress was significantly correlated with all primary variables, showing positive associations with emotional maltreatment (r = .18, p < .001) and negative associations with both subjective wellbeing (r = − .30, p < .001) and self-compassion (r = − .24, p < .001). Age showed small but significant positive correlations with self-compassion (r = .09, p < .05), while gender showed no significant associations with the primary variables of interest. These correlation patterns support the theoretical model and provide initial evidence for the hypothesized mediation relationships.

Table 1
Means, Standard Deviations, and Correlations among childhood Emotional Maltreatment, Self-compassion, and Subjective Wellbeing

Variable	**M**	**SD**	**1**	**2**	**3**
1. Childhood emotional maltreatment	10.24	5.25	–		
2. Self-compassion	3.21	0.80	− .59***	–	
3. Subjective Wellbeing	25.88	5.81	− .61***	.69***	–
Note.					
M = mean; SD = standard deviation.					
*p < .05. **p < .01. ***p < .001.					

INSERT Table ABOUT HERE

Path Analysis and Indirect Effect

To examine the hypothesized indirect effect of self-compassion in the relationship between emotional maltreatment and subjective wellbeing, a path analysis was conducted using Hayes' (2022) PROCESS macro for SPSS (Model 4) with 5,000 bootstrap samples. The analysis revealed significant relationships across all pathways (See Table 2). Emotional maltreatment significantly predicted self-compassion (path a), b = -0.09, SE = 0.005, t = -19.43, p < .001, 95% CI [-0.10, -0.08], with a strong standardized coefficient (β = − .59). This indicates that higher levels of emotional maltreatment were associated with substantially lower levels of self-compassion. Self-compassion significantly predicted subjective wellbeing (path b), b = 3.68, SE = 0.23, t = 15.88, p < .001, 95% CI [3.23, 4.14], with a substantial standardized coefficient (β = .51). The total effect of emotional maltreatment on subjective wellbeing (path c) was significant, b = -0.68, SE = 0.03, t = -20.33, p < .001, 95% CI [-0.75, -0.62], with a standardized coefficient of β = − .61. When controlling for self-compassion, the direct effect of emotional maltreatment on subjective wellbeing (path c') remained significant but was reduced in magnitude, b = -0.34, SE = 0.04, t = -9.65, p < .001, 95% CI [-0.41, -0.27], with a standardized coefficient of β = − .31. The indirect effect of emotional maltreatment on subjective wellbeing through self-compassion was significant, b = -0.34, SE = 0.03, 95% CI [-0.39, -0.29], with a completely standardized indirect effect of β = − .30. The model explained 54% of the variance in subjective wellbeing.

Table 2

Mediation Analyses Examining Self-compassion as a Mediator between Childhood Emotional Maltreatment and Subjective Wellbeing

Predictor	**B**	***SE***	**t**	***p* <**	**95% CI**	
					LL	***UL***
Prediction of Mediator: Self-compassion						
Constant	4.15	0.05	76.83	< .001	4.04	4.26
Childhood Emotional maltreatment	-0.09	0.00	-19.43	< .001	-0.10	-0.08
Dependent variable (Y): Subjective Wellbeing [Model R = .74, R^2 = .54, MSE = 15.53, $F_{(2, 690)}$ = 407.96, p < .000]						
Constant	17.56	1.02	17.26	< .001	15.56	19.56
Childhood Emotional maltreatment	-0.34	0.04	-9.65	< .001	-0.41	-0.27
Self-compassion	3.68	0.23	15.88	< .001	3.23	4.14
Note. LL = lower limit; UL = upper limit.						

Sensitivity tests

This model was confirmed while also controlling for age, gender, and war-related stress. Age showed a small but significant positive effect on self-compassion (b = 0.01, SE = 0.003, t = 4.36, p < .001) but no significant effect on subjective wellbeing (p = .73). Gender showed no significant effects on either self-

compassion (p = .68) or subjective wellbeing (p = .74). War-related stress showed significant negative effects on both self-compassion (b = -0.11, SE = 0.02, t = -5.12, p < .001, 95% CI [-0.15, -0.07]) and subjective wellbeing (b = -0.67, SE = 0.13, t = -5.02, p < .001, 95% CI [-0.94, -0.41]). The indirect effect remained significant, b = -0.31, SE = 0.03, 95% CI [-0.36, -0.26], and the final model explained 56% of the variance in subjective wellbeing. The robustness of this indirect effect across covariates strengthens confidence in these conclusions.

INSERT Table 2 ABOUT HERE

Discussion

The present study examined whether self-compassion serves as an indirect pathway linking CEM to adult subjective wellbeing. Drawing on attachment theory and the stress process model, we hypothesized that CEM would compromise the development of self-compassion, which in turn would predict reduced subjective wellbeing in adulthood. Our findings provide strong support for this indirect effect model, demonstrating that self-compassion serves as a critical pathway through which CEM is indirectly linked to adult psychological adjustment. Consistent with our theoretical framework, we found significant relationships across all pathways in the model. CEM was strongly negatively associated with self-compassion, explaining 35.4% of the variance in self-compassionate responding. This finding aligns with attachment theory's proposition that children develop self-treatment patterns through internalization of caregiver behaviors (Gilbert & Procter, 2006; Neff & McGehee, 2010).

When caregivers engage in emotionally maltreating behaviors, children appear to internalize these negative relational patterns, resulting in harsh self-criticism and reduced capacity for self-kindness during times of difficulty. Self-compassion, in turn, was strongly positively associated with subjective wellbeing, supporting previous research demonstrating the beneficial effects of self-compassionate responding on psychological adjustment (Neff et al., 2007). Importantly, the indirect effect of emotional maltreatment on subjective wellbeing through self-compassion was significant and substantial, indicating that approximately half of the total effect of CEM on adult wellbeing operates through its impact on self-compassion. This finding suggests that self-compassion represents a critical pathway through which early trauma is indirectly linked to compromised adult functioning. The robustness of these findings was demonstrated through the inclusion of relevant covariates. When controlling for war-related stress, age, and gender, the indirect effect remained significant, and the model explained 56.1% of the variance in subjective wellbeing. War-related stress showed independent negative effects on both self-compassion and wellbeing, highlighting the importance of considering contextual stressors when examining trauma outcomes. However, the persistence of the indirect effect after controlling for these factors strengthens confidence in the specificity of the relationship between CEM and self-compassion deficits. These findings have important theoretical implications for understanding recovery processes following childhood trauma. The stress process model's emphasis on self-related resources as linking factors between stressors and outcomes (Pearlin et al., 2005) receives strong empirical support from our results. The substantial portion of variance in wellbeing explained by the model (54%) suggests that

self-compassion represents a particularly important self-related resource that can be compromised by early adversity but may also serve as a target for intervention.

From a clinical perspective, these findings highlight the potential importance of cultivating self-compassion in therapeutic work with survivors of CEM. Traditional trauma-focused interventions often emphasize processing traumatic memories and reducing symptoms, but our results suggest that directly addressing self-compassion deficits may be equally important for promoting recovery. Self-compassion-based interventions have shown promise in reducing depression and enhancing wellbeing (Johnson & O'Brien, 2013; Shapira & Mongrain, 2010), and our findings provide additional rationale for incorporating these approaches into treatment for trauma survivors. The strength of the relationships observed in this study also suggests that self-compassion may represent a modifiable protective factor that could be targeted in prevention efforts. Given that self-compassion can be cultivated through intervention, programs designed to enhance self-compassionate responding might help buffer against the long-term negative effects of CEM.

Theoretical Contributions and Future Research Directions

The present findings make several important theoretical contributions to understanding trauma recovery mechanisms and highlight promising avenues for future research. By demonstrating that self-compassion serves as a significant indirect pathway linking CEM to adult subjective wellbeing, this study advances theoretical models emphasizing the role of self-related resources in the stress process. The substantial indirect effect observed (explaining approximately 50% of the relationship) suggests that self-compassion represents a critical pathway through which early trauma is indirectly linked to long-term psychological adjustment, providing empirical support for attachment-based theories of self-development (Gilbert & Procter, 2006).

Future research would benefit from exploring the developmental trajectory of self-compassion deficits following CEM. Although the present cross-sectional design demonstrates the indirect role of self-compassion in adulthood, longitudinal investigations are needed to understand when and how self-compassion capacities become compromised during development. Given that self-compassion emerges from internalized experiences of supportive caregiving (Neff & McGehee, 2010), research examining the specific pathways through which emotionally maltreating environments disrupt self-compassion development could inform early intervention efforts. Such investigations might explore whether certain developmental periods represent sensitive windows during which self-compassion deficits become entrenched, potentially identifying optimal timing for preventive interventions. Additionally, future research should examine the intergenerational transmission of self-compassion deficits. Evidence suggests that parents with histories of childhood maltreatment may struggle to provide the emotional attunement and supportive responses that foster self-compassion in their children. Self-compassion deficits are associated with known risk factors for harsh parenting practices, including increased psychological distress, emotional dysregulation, and reduced capacity for empathic responding (Johnson & O'Brien, 2013). Investigating whether parent self-compassion levels predict their children's

self-compassion development would provide valuable insights into how trauma effects perpetuate across generations. Understanding this intergenerational pathway could inform family-based interventions designed to enhance both parent and child self-compassion, potentially interrupting cycles of maltreatment transmission. Future investigations should also explore the specific components of self-compassion (self-kindness, common humanity, and mindfulness) that are most compromised by CEM and most predictive of wellbeing outcomes (Neff, 2003a). Research examining whether certain components represent more potent indirect links to wellbeing could inform targeted intervention approaches and enhance theoretical understanding of how self-compassion functions as a protective factor following trauma. Such component-focused research could build upon existing intervention studies demonstrating the effectiveness of self-compassion training (Shapira & Mongrain, 2010) to develop more precise therapeutic protocols for trauma survivors.

Limitations

Several limitations should be acknowledged in interpreting these findings. The cross-sectional design precludes causal inferences about the relationships among CEM, self-compassion, and subjective wellbeing, underscoring the importance of longitudinal designs to establish temporal sequencing and determine whether self-compassion deficits truly represent an indirect pathway from early trauma to adult outcomes. The reliance on retrospective self-report measures to assess childhood experiences may have introduced recall biases or inaccuracies, as adults' recollections of childhood events can be influenced by current psychological states or personality factors that could not be controlled for in the present investigation. Additionally, using self-report instruments to evaluate all constructs of interest may have resulted in shared method variance, potentially inflating the observed relationships between variables.

While the current sample demonstrated diversity across religious affiliations, ages, and socioeconomic backgrounds, the findings may not generalize to populations with different cultural attitudes toward self-criticism and emotional expression, as self-compassion development and expression can vary significantly across cultural contexts. Furthermore, individuals who experienced severe CEM may have been less likely to participate in research studies, potentially resulting in a sample that underrepresents the most severely affected survivors and limits our understanding of self-compassion processes in the most traumatized populations. The study did not assess potential confounding variables such as current life stressors, social support availability, or concurrent mental health treatment, which could influence the relationships observed between childhood experiences and current wellbeing outcomes. Finally, the present model examined only one potential indirect pathway linking CEM to adult wellbeing, and other important factors such as emotion regulation strategies, attachment styles, or cognitive processing patterns were not included, potentially oversimplifying the complex relationships between early trauma and adult adjustment.

Conclusion

The present study provides compelling evidence that self-compassion serves as a critical indirect pathway linking CEM to adult subjective wellbeing. By demonstrating that approximately half of the relationship between early emotional trauma and compromised adult functioning operates through deficits in self-compassionate responding, these findings illuminate a key pathway through which childhood adversity exerts its long-term effects. The robustness of this indirect effect, even when controlling for war-related stress and demographic factors, underscores the central role of self-compassion in trauma recovery and psychological adjustment. These findings have important clinical implications for survivors of CEM. Traditional trauma-focused interventions may benefit from incorporating self-compassion cultivation as a core therapeutic component, as addressing self-critical patterns and fostering self-kindness may be essential for promoting genuine recovery. Self-compassion-based treatments, such as Compassion-Focused Therapy and Mindful Self-Compassion programs, offer promising approaches that not only enhance self-compassionate responding but also address underlying shame and self-criticism that often characterize survivors of emotional maltreatment (Johnson & O'Brien, 2013). Given that self-compassion can be cultivated through intervention (Shapira & Mongrain, 2010), these therapeutic approaches represent modifiable pathways for interrupting the cycle from childhood trauma to adult distress.

By targeting self-compassion deficits through evidence-based interventions, it may be possible to alter how survivors of CEM relate to themselves and their experiences, ultimately promoting resilience and wellbeing. The substantial variance in subjective wellbeing explained by this model suggests that self-compassion represents not merely an ancillary factor, but a core pathway underlying recovery from early trauma. These findings advance our theoretical understanding of trauma recovery processes while providing empirical support for developing and implementing self-compassion-focused interventions as powerful tools for healing among survivors of CEM.

Declarations

Conflict of Interest Statement

The authors declare no conflict of interest.

Funding:

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors

Author Contribution

Author Contributions: Anat Vass (AV) contributed to the conceptualization, Data collection methodology, and writing of the original draft. Dana Lassri (DL) contributed to the conceptualization, methodology and data analysis. Iris Lavi (IL) contributed to the methodology, conceptualization and reviewed and edited the manuscript. All authors approved the final version.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

1. Andrews, B. (1998). Shame and childhood abuse. In P. Gilbert & B. Andrews (Eds.), Shame: Interpersonal behavior, psychopathology, and culture (pp. 3–38). Oxford University Press.
2. Bennett, D. S., Sullivan, M. W., & Lewis, M. (2010). Neglected Children, Shame-Proneness, and Depressive Symptoms. *Child Maltreatment*, *15*(4), 305- 314. https://doi.org/10.1177/1077559510379634
3. Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., ... & Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child abuse & neglect*, *27*(2), 169-190. https://doi.org/10.1016/S0145-2134(02)00541-0
4. Bluth, K., & Eisenlohr-Moul, T. A. (2017). Response to a mindful self-compassion intervention in teens: A within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *Journal of Adolescence, 57*, 108–118. https://doi.org/10.1016/j.adolescence.2017.04.001
5. Bowlby, J. (1979). The making and breaking of affectional bonds. Tavistock.
6. Cicchetti, D. (2016). Socioemotional, personality, and biological development: Illustrations from a multilevel developmental psychopathology perspective on child maltreatment. *Annual Review of Psychology, 67,* 187–211. https://doi.org/10.1146/annurev-psych-122414-033259
7. Cohen, N., & Katz, C. (2021). Preventing child maltreatment: Key conclusions from a systematic literature review of prevention programs for practitioners. *Child Abuse & Neglect*, *118*, 105138. https://doi.org/10.1016/j.chiabu.2021.105138
8. Cohen, R., Menon, S. V., Shorey, R. C., Le, V. D., & Temple, J. R. (2017). The distal consequences of physical and emotional neglect in emerging adults: A person- centered, multi-wave, longitudinal study. *Child Abuse & Neglect, 63*, 151–161. https://doi.org/10.1016/j.chiabu.2016.11.030
9. Corcoran, M., & McNulty, M. (2018). Examining the role of attachment in the relationship between childhood adversity, psychological distress and subjective well-being. *Child abuse & neglect, 76,* 297-309.https://doi.org/10.1016/j.chiabu.2017.11.012

10. Diener, E., Oishi, S., & Tay, L. (2018). Advances in subjective well-being research. *Nature Human Behaviour, 2*(4), 253–260. https://doi.org/10.1038/s41562-018-0307-6
11. Dunn, E. C., Soare, T. W., Raffeld, M. R., Busso, D. S., Crawford, K. M., Davis, K. A., Fisher, V. A., Slopen, N., Smith, A. D. A. C., Tiemeier, H., & Susser, E. S. (2018). What life course theoretical models best explain the relationship between exposure to childhood adversity and psychopathology symptoms: Recency, accumulation, or sensitive periods? *Psychological Medicine, 48*, 2562–2572. https://doi.org/10.1017/S0033291718000181
12. Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness, 10*(8), 1455–1473. https://doi.org/10.1007/s12671-019-01134-6
13. Finkelhor, D., Turner, H., Shattuck, A., & Hamby, S. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence. *JAMA Pediatrics, 169*, 746–754. doi:10.1001/jamapediatrics.2015.0676
14. Fitzgerald, M. (2022). Relating from the past or the Present: Relationship Mindfulness as a Mediator Linking Childhood Maltreatment to Adult Relationship Quality. *Journal of Couple & Relationship Therapy*, *21*(3), 258–276. https://doi.org/10.1080/15332691.2021.1926387
15. Garbarino, J. (2011). Not all bad treatment is psychological maltreatment. *Child Abuse & Neglect*, 35, 797–801. https://doi.org/10.1016/j.chiabu.2011.05.014
16. Gilbert, P. (2005). Compassion: Conceptualisations, research, and use in psychotherapy. Routledge.
17. Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy, 13*, 353–379. https://doi.org/10.1002/cpp.507
18. Glassman, L. H., Weierich, M. R., Hooley, J. M., Deliberto, T. L., & Nock, M. K. (2007). Child maltreatment, non-suicidal self-injury, and the mediating role of self-criticism. *Behaviour Research and Therapy, 45*, 2483–2490. https://doi.org/10.1016/j.brat.2007.04.002
19. Halladay, J. E., Dawdy, J. L., McNamara, I. F., Chen, A. J., Vitoroulis, I., McInnes, N., & Munn, C. (2019). Mindfulness for the mental health and well-being of post- secondary students: A systematic review and meta-analysis. *Mindfulness*, *10*(3), 397- 414. https://doi.org/10.1007/s12671-018-0979-z
20. Hayes, A. (2019). Introduction to Mediation, Moderation, and Conditional Process Analysis Online.
21. Hou X-L, Bian X-H, Zuo Z-H, Xi J-Z, Ma W-J, Owens LD. Childhood maltreatment on young adult depression: A moderated mediation model of negative automatic thoughts and self-compassion. *Journal of Health Psychology*. 2020;26(13):2552- 2562. https://doi:10.1177/1359105320918351
22. Jaffee, S. R. (2017). Child maltreatment and risk for psychopathology in childhood and adulthood. *Annual Review of Clinical Psychology, 13*, 525–551. https://doi.org/10.1146/annurev-clinpsy-032816-045005
23. Johnson, E. A., & O'Brien, K. A. (2013). Self-compassion soothes the savage ego-threat system: Effects on negative affect, shame, rumination, and depressive symptoms. *Journal of Social and Clinical Psychology, 32*, 939–963. https://doi.org/10.1521/jscp.2013.32.9.939

24. Klumparendt, A., Nelson, J., Barenbrügge, J., & Ehring, T. (2019). Associations between childhood maltreatment and adult depression: A mediation analysis. *BMC Psychiatry, 19*(1), 36. https://doi.org/10.1186/s12888-019-2016-8
25. Lassri, D., & Gewirtz-Meydan, A. (2022). Self-compassion moderates the mediating effect of self-criticism in the link between childhood maltreatment and psychopathology. *Journal of Interpersonal Violence, 37*(23–24), NP21699–NP21722. https://doi.org/10.1177/08862605211062994
26. Lassri, D., & Shahar, G. (2012). Self-criticism mediates the link between childhood emotional maltreatment and young adults' romantic relationships. *Journal of Social and Clinical Psychology, 31*(3), 289-311.https://doi.org/10.1521/jscp.2012.31.3.289
27. MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*(6), 545–552. https://doi.org/10.1016/j.cpr.2012.06.003
28. Mandelli, L., Petrelli, C., & Serretti, A. (2015). The role of specific early trauma in adult depression: A meta-analysis of published literature. *Childhood trauma and adult depression. European Psychiatry, 30*, 665–680. https://doi.org/10.1016/j.eurpsy.2015.04.007
29. Marsh, I. C., Chan, S. W. Y., & MacBeth, A. (2018). Self-compassion and psychological distress in adolescents—a meta-analysis. *Mindfulness, 9,* 1011–1027. https://doi.org/10.1007/s12671-017-0850-7
30. McLaughlin, K. A., Colich, N. L., Rodman, A. M., & Weissman, D. G. (2020). Mechanisms linking childhood trauma exposure and psychopathology: A transdiagnostic model of risk and resilience. *BMC Medicine, 18*, 96. https://doi.org/10.1186/s12916-020- 01561-6
31. McLean, L., Steindl, S. R., & Bambling, M. (2022). Compassion Focused Group Therapy for adult female survivors of childhood sexual abuse: A preliminary investigation. *Mindfulness, 13(5)*, 1144–1157. https://doi.org/10.1007/s12671-022-01837-3
32. Messman-Moore, T. L., & Bhuptani, P. H. (2020). Self-compassion and fear of self- compassion: Mechanisms underlying the link between child maltreatment severity and psychological distress in college women. *Mindfulness, 11*(6), 1446–1459. https://doi.org/10.1007/s12671-020-01361-2
33. Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review, 72*, 141–149. https://doi.org/10.1016/j.childyouth.2016.10.021
34. Naismith, I., Zarate Guerrero, S., & Feigenbaum, J. (2019). Abuse, invalidation, and lack of early warmth show distinct relationships with self-criticism, self-compassion, and fear of self-compassion in personality disorder. *Clinical Psychology & Psychotherapy, 26*(3), 350– 361. https://doi.org/10.1002/cpp.2357
35. Navarre, E. L. (1987). *Psychological maltreatment: The core component of child abuse.* In M. R. Brassard, R. Germain, & S. N. Hart (Eds.), Psychological maltreatment of children and youth (pp. 45–56). Pergamon.

36. Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250. https://doi.org/10.1080/15298860309027
37. Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860309032
38. Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9*, 225–240. https://doi.org/10.1080/15298860902979307
39. Neff, K. D., Rude, S. S., & Kirkpatrick, K. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality, 41*, 908–916. https://doi.org/10.1016/j.jrp.2006.08.002
40. Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long- term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLoS Medicine,* 9(11), e1001349. https://doi.org/10.1371/journal.pmed.1001349
41. Pearlin L. I., Schieman S., Fazio E. M., & Meersman S. C. (2005). Stress, health, and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior*, 46(2), 205–219. https://doi.org/10.1177/002214650504600206
42. Pohl, S., Steuwe, C., Mainz, V., Driessen, M., & Beblo, T. (2020). Borderline personality disorder and childhood trauma: Exploring the buffering role of self-compassion and self-esteem. *Journal of Clinical Psychology, 77*(3), 837–845. https://doi.org/10.1002/jclp.23070
43. Querstret, D., Morison, L., Dickinson, S., Cropley, M., & John, M. (2020). Mindfulness- based stress reduction and mindfulness-based cognitive therapy for psychological health and well-being in nonclinical samples: A systematic review and meta- analysis. *International Journal of Stress Management, 27*(4), 394–411. https://doi.org/10.1037/str0000165
44. Quinlan, H. M., Hadden, K. L., & Storey, D. P. (2021). The Relationship Between Self- Compassion, Childhood Maltreatment and Attachment Orientation In High-Risk Adolescents. *Youth & Society*, *54*(5), 890- 906. https://doi.org/10.1177/0044118X211002857
45. Ross, N. D., Kaminski, P. L., & Herrington, R. (2019). From childhood emotional maltreatment to depressive symptoms in adulthood: The roles of self-compassion and shame. *Child Abuse& Neglect, 92,* 32–42. https://doi.org/10.1016/j.chiabu.2019.03.016
46. Sajjadi, M., Noferesti, A., & Abbasi, M. (2022). Mindful self-compassion intervention among young adults with a history of childhood maltreatment: Reducing psychopathological symptoms, shame, and self-criticism. *Current Psychology*. https://doi.org/10.1007/s12144-022-03761-0
47. Shahar, B., Doron, G., & Szepsenwol, O. (2014). Childhood maltreatment, shame-proneness and self-criticism in social anxiety disorder: A sequential mediational model. *Clinical Psychology & Psychotherapy, 22,* 570–579. https://doi.org/10.1002/cpp.
48. Shapira, L. H., & Mongrain, M. (2010). The benefits of self-compassion and optimism exercises for individuals are vulnerable to depression. *The Journal of Positive Psychology, 5,* 377–389. https://doi.org/10.1080/17439760.2010.516763

49. Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh mental well-being scale (WEMWBS): a Rasch analysis using data from the Scottish health education population survey. *Health and quality of life outcomes*, *7*(1), 15. https://doi.org/10.1186/1477-7525-7-15
50. Swannell, S., Martin, G., Page, A., Hasking, P., Hazell, P., Taylor, A., Protani, M., Hasking, P., & Swannell, S. (2012). Child maltreatment, subsequent non-suicidal self- injury and the mediating roles of dissociation, alexithymia and self-blame. *Child Abuse & Neglect, 36*, 572–584. https://doi.org/10.1016/j.chiabu.2012.05.005
51. Tarber, D. N., Cohn, T. J., Casazza, S., Hastings, S. L., & Steele, J. (2016). *The role of self- compassion in psychological well-being for male survivors of childhood maltreatment. Mindfulness, 7 (5), 1193–1202*. https://doi.org/10.1007/s12671-016- 0562-4
52. Zhang, H., Li, J., Sun, B., & Wei, Q. (2021). Effects of childhood maltreatment on self- compassion: A systematic review and meta-analysis. *Trauma, Violence, & Abuse, 24*(2), 873–885. https://doi.org/10.1177/15248380211043825